

that opioid response grantees will now be able to use these funds to expand access to fentanyl test strips.

Tragically, that announcement came just 1 month after the death of my dear nephew, Eli Weinstock.

At just 20 years old, Eli died of an unintentional fentanyl overdose after ingesting a legal herbal supplement tainted with fentanyl.

Out of our grief, Eli's family created an organization, BirdieLight, to increase awareness of fentanyl risks and the tools like fentanyl test strips needed to save lives.

From 2019 to 2020, overdose deaths spiked by over 22,000 to a record 93,331 Americans who died of overdose in 2020.

Young people aged 15 to 24 saw a nearly 50 percent increase in 1 year.

Last month, the Drug Enforcement Administration issued its first public safety alert in 6 years to warn of the surge of counterfeit pills laced with fentanyl.

The DEA has seized over 11.3 million fake pills over the past year, more than the previous 2 years combined.

Fentanyl has been found in fake imitations of real prescription medications, including oxycodone, Xanax, and stimulants like Adderall.

These substances are easily acquired on social media platforms or from friends who have no idea where they came from or what is in them.

We need to talk about this. We need to change this. We need to act.

We need to do it for Eli and for the hundreds of Americans who die of overdose every day in this country.

This legislation is an important first step. I urge my colleagues to vote for it.

Mr. GUTHRIE. Madam Speaker, I have no further speakers, and I reserve the balance of my time.

Mr. PALLONE. Madam Speaker I yield 2 minutes to the gentleman from Rhode Island (Mr. CICILLINE).

Mr. CICILLINE. Madam Speaker, I thank the gentleman for yielding.

Across the country, the opioid epidemic is devastating families and communities.

In Rhode Island, the COVID-19 pandemic is only worsening this crisis. In 2020 alone, accidental overdose deaths in Rhode Island increased by 25 percent, with most involving opioids.

State Opioid Response funding has been critical to combating this deadly epidemic and helped provide Rhode Islanders with the resources we need to combat drug abuse, prevent overdoses, and save lives.

The majority of Rhode Islanders who lost their lives to an opioid overdose in recent years had a history of substance abuse without treatment, and we need resources to intervene now.

State Opioid Response funding has helped provide the support and treatment people suffering addiction need so desperately.

It means access to naloxone and training on how to use it. It means paths to recovery. And it means saving lives.

I thank Representative TRONE for introducing H.R. 2379, the State Opioid Response Grant Authorization Act of 2021 to support States in their fight against this opioid epidemic.

I urge my colleagues to support this critical legislation and save lives.

Mr. GUTHRIE. Madam Speaker, I think this is a good bill. It is an important bill.

All of our States have been affected by the opioid crisis, so it is good that we are here today focusing on this in a bipartisan way working together.

Madam Speaker, I urge the support of this bill, and I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, again, this is a very important bill addressing the opioid epidemic with these various grant programs.

Madam Speaker, I would ask for support on a bipartisan basis, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2379, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. GOOD of Virginia. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

DRUG-FREE COMMUNITIES PANDEMIC RELIEF ACT

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 654) to provide the Administrator of the Drug-Free Communities Support Program the authority to waive the Federal fund limitation for the Drug-Free Communities Support Program, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 654

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Drug-Free Communities Pandemic Relief Act".

SEC. 2. WAIVER OF FEDERAL FUND LIMITATION FOR THE DRUG-FREE COMMUNITIES SUPPORT PROGRAM.

(a) *IN GENERAL.*—Subject to subsection (b), if the Administrator of the Drug-Free Communities Support Program determines that, as a result of the public health emergency declared pursuant to section 319 of the Public Health Service Act (42 U.S.C. 247d) as a result of COVID-19, an eligible coalition is unable to raise the amount of non-Federal funds, including in-kind contributions, agreed to be raised by the coalition for a fiscal year under an agreement entered into with the Administrator pursuant to paragraph (1)(A) or (3) of section 1032(b) of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 1532(b)), the Administrator may, notwithstanding such para-

graphs, provide to the eligible coalition the grant or renewal grant, as applicable, for that fiscal year in an amount—

(1) with respect to an initial grant or renewal grant described under paragraph (1)(A) or (3)(A) of such section, that exceeds the amount of non-Federal funds raised by the eligible coalition, including in-kind contributions, for that fiscal year;

(2) with respect to a renewal grant described under paragraph (3)(D)(i) of such section, that exceeds 125 percent of the amount of non-Federal funds raised by the eligible coalition, including in-kind contributions, for that fiscal year; and

(3) with respect to a renewal grant described under paragraph (3)(D)(ii) of such section, that exceeds 150 percent of the amount of non-Federal funds raised by the eligible coalition, including in-kind contributions, for that fiscal year.

(b) *LIMITATION.*—The Administrator may not provide a grant or renewal grant to an eligible coalition in an amount exceeding the amount of funds initially agreed to be provided by the Administrator under the applicable agreement.

SEC. 3. RAISING CAP ON ADMINISTRATIVE EXPENSES UNDER ANTI-DRUG ABUSE ACT OF 1988.

Section 1024(b) of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 1524(b)) is amended by striking "8 percent" and inserting "12 percent".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 654.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of H.R. 654, the Drug-Free Communities Pandemic Relief Act.

Since 1998, the Drug-Free Communities Program has been a pillar of our Nation's drug, alcohol, and tobacco prevention efforts.

The program is designed with community-based approaches in mind to reach at-risk communities, including racial and ethnic minorities and the LGBTQ community. It is estimated that one in five Americans live in a community with a Drug-Free Communities Coalition, and over 300,000 partners are engaged in prevention efforts.

Like many mission-driven, community-service organizations, Drug-Free Communities Coalitions have faced unprecedented challenges during the COVID-19 pandemic. Many have had trouble sustaining their programming amid increasing rates of substance use. This is in part due to an inability to meet the matching fund requirements required of those receiving Drug-Free Communities grants.

H.R. 654 would allow the Drug-Free Communities Coalitions to seek

matching fund waivers and resume their work to enhance drug, alcohol, and tobacco prevention efforts. The legislation also allows additional funds to be made available for expanded technical assistance by the Drug-Free Communities Program, as requested in the administration's fiscal year 2022 budget. This additional support would provide critical resources to the Drug-Free Communities Coalitions facing the greatest challenges posed by the pandemic.

I urge my colleagues to support H.R. 654, a bipartisan bill that will allow important work to continue in our communities.

Madam Speaker, I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 654, the Drug-Free Communities Pandemic Relief Act, which was introduced by Representatives JOYCE and KILMER.

The Drug-Free Communities Support Program funds community-based coalitions that work to prevent youth substance use disorders. Their work at the local level is important, especially as we sadly saw a record in overdose deaths last year.

We all know that the economic consequences of the pandemic have impacted many sectors, and that includes the sustainability of the Drug-Free Communities Support Program. Under current law, coalitions that receive Federal grants must match part of the funding with non-Federal funds. But the economic consequences of the pandemic have left many coalitions struggling to meet the matching requirement.

H.R. 654 temporarily permits the Office of National Drug Control Policy to waive the local matching requirement if a coalition is unable to fulfill this requirement due to the pandemic. Providing targeted relief for these coalitions will help them continue to implement local strategies to address the increases in substance use disorders and overdose deaths in our communities.

I thank Representatives JOYCE and KILMER for leading the support initiative, and I urge a "yes" vote.

Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I have no additional speakers, and I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield 3 minutes to the gentleman from Ohio (Mr. JOYCE), who is the primary sponsor of this piece of legislation.

Mr. JOYCE of Ohio. Madam Speaker, I rise today in support of my bill, the Drug-Free Communities Pandemic Relief Act.

The unfortunate reality is that while the COVID-19 pandemic ravaged our Nation last year, so did the opioid crisis.

More than 93,000 overdose deaths were reported in 2020.

Meanwhile, enough fentanyl has been seized at our southern border this year to kill the entire U.S. population seven times over.

And just the other week, the DEA warned that counterfeit pills laced with this deadly synthetic opioid are spreading across all 50 States.

These statistics are harrowing, and the stories of loss they cause are heart-breaking. All of us have loved ones, friends, or neighbors in our communities that have been impacted.

As a former Geauga County prosecutor, I saw firsthand how addiction has devastated communities in northeast Ohio and know how important it is to support local efforts that reduce and prevent youth drug use.

That is why I introduced the Drug-Free Communities Pandemic Relief Act with my friend and colleague on the other side of the aisle, Congressman KILMER.

Recognizing that local problems need local solutions, the Drug-Free Communities Program provides funding to local coalitions that engage multiple sectors of their communities in order to reduce and prevent substance abuse disorder among younger Americans.

No other drug prevention program has consistently achieved the same reduction in youth drug use than the Drug-Free Communities Program has.

However, hundreds of coalitions have been unable to meet the program's local matching requirements due to financial difficulties caused by the COVID-19 pandemic.

My bipartisan legislation will address that challenge and ensure these coalitions have the resources and flexibility they need during these difficult times to combat the crisis of addiction gripping our country.

With more Americans dying from drug overdoses than ever before, it is critical that we do everything we can to support and empower those working on the front lines in our communities to reduce and prevent addiction among our children.

I strongly urge all my colleagues to vote "yes" on this bill today.

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Mr. PALLONE. Madam Speaker, I am prepared to close, and I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I am prepared to close, and I yield myself such time as I may consume.

Madam Speaker, my friend from Ohio said it best. Local solutions to community problems. It is a national problem. It is a statewide problem. But it is happening in each community, and so local solutions are part of the strategy moving forward. And giving these coalitions the opportunity to participate in these grants as they have seen some other funding and other resources dry up due to the pandemic, it is something that is important for us to continue and move this forward. I appreciate my friend from Ohio and my other good friend from Washington State for moving this forward.

Madam Speaker, I urge its passage, and I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I urge support for this bill. It is very important in terms of trying to promote these coalitions at a local community level to prevent drug overuse.

Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 654, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. GOOD of Virginia. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

STRENGTHENING AMERICA'S STRATEGIC NATIONAL STOCKPILE ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 3635) to amend the Public Health Service Act with respect to the Strategic National Stockpile, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3635

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Strengthening America's Strategic National Stockpile Act of 2021".

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Reimbursable transfers.
- Sec. 3. Equipment maintenance.
- Sec. 4. Supply chain flexibility manufacturing pilot.
- Sec. 5. GAO study on the feasibility and benefits of a user fee agreement.
- Sec. 6. Grants for State strategic stockpiles.
- Sec. 7. Action reporting.
- Sec. 8. Improved, transparent processes.
- Sec. 9. Authorization of appropriations.

SEC. 2. REIMBURSABLE TRANSFERS.

Section 319F-2(a) of the Public Health Service Act (42 U.S.C. 247d-6b(a)) is amended by adding at the end the following:

"(6) TRANSFERS AND REIMBURSEMENTS.—

"(A) IN GENERAL.—Without regard to chapter 5 of title 40, United States Code, the Secretary may transfer to any Federal department or agency, on a reimbursable basis, any drugs, vaccines and other biological products, medical devices, and other supplies in the stockpile if—

"(i) the transferred supplies are less than one year from expiry;

"(ii) the stockpile is able to replenish the supplies, as appropriate; and

"(iii) the Secretary decides the transfer is in the best interest of the United States Government.